



Place of Worship COVID-19 Community Vaccine Clinic Request Form

If you are interested in hosting a community vaccination clinic at your place of worship, please fill out the form below and a representative from the Office of Faith-based Outreach will contact you.

All requests are subject to review and approval. We prefer that date requests are scheduled 4-6 weeks out to allow for proper planning and promotion.

Name of Place of Worship

Event Street Address

City

Zip Code

County

Date Requested

Time Requested

First and Last Name of Person Making Request

Title/Role

Phone Number

Email

SUBMIT

If you have questions or concerns, please email Kimberly Hayman Kimberly.Hayman@arkansas.gov or Kristi Lambert Kristi.Lambert@arkansas.gov

Thank you!